	1. DEC	EASED NAME	FIRST	,,,,,,	MIDDLE	LAST	TOATE OF I	20. DATE KNOW	N MONTH	DAY YEAR	2b.
(H) (H)	3. SEX		Russe	DATE OF BIRTH	Daniel	ANGLE .	Jr.	DEATH MATE	D/ /	5 1986 DAY YEAR	24.
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S FOR YOUR WITHIN W. PRESTON	2a. BIR NO	THPLACE (STATE OF COUNTRY) RI'H CARO	OR 76.	CITIZEN OF WH	AT COUNTRY?	8. MARRIED 1	NEVER MARRIED DIVORCED	9 BALTIMORE CL	TY OR COUNT		
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S. RETAIN P. SHOULD BE TRECORDS.	USUA 13a. ST			HER INSTITUTION, GIV	t Memorial E RESIDENCE BEFORE ADMIS 134. CITY OR TOWN PRINCE FR	SION)	E CITY LIMITS? 13e	STREET ADDRESS RT. 2 & 4 P		2	<del>206</del>
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Section 1 THE RESERVE OF THE PROPERTY OF THE PARTY OF And the second s things the Committee of 

DONALD  A. BOWEN  BOWEN  DEATH MARED 1 12 1980  JEAN HARCE SOLD FEBRIH  MONTH DAY YEAR LAST BRITTON!  MONTH DAY YEAR LAST BRITTON!  JEAN HARCE SOLD FEBRIH  White Sold 3 1 12 1980  JEAN HARCE SOLD FEBRIH  LAST BRITTON!  JEAN HARCE SOLD FEBRIH  JEA			CEASED NAME	FIRST		WIDDLE		LAST			OF DATE	KNOWN B	MONTH	4 DAY	YEAR	2b, HOUR
male white	STREET	(11)			ALD	Α.		BOWEN				E311.		12	1980	N
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I. FATERS NAME   MODIE   LAST   IS MOTHER'S MADER NAME   MODIE   LAST   INFORMANT   ADDRESS   INFORMANT   INFORMATION   INFORMANT   INFORMATION   INFORMANT   INFORMATION   INFORMANT   INFORMATION	ĺ	130.	ATE OF THE PROPERTY OF THE				TY OR TOWN	13d. INSIDE		13e STRE	ET ADDRE	ss				
18. CAUSE OF DEATH (Enter only one coup per line for (p.), (b.), and (c.).		14. FA			WIDDLE				HER'S MAID	EN NAME	M	IDDLE		11 1	AST	
18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)   PART I DEATH (Enter only one couse per line for (o), (b), and (c).)   PART I DEATH (Enter only one couse per line for (o), (b), and (c).)   PART I DEATH (MAS CAUSED 8: Multiple visceral and skeletal injuries   Multiple visceral and skeletal injuries     Conditions, if only, which gave rise to immediate   DUE TO, OR AS A CONSEQUENCE OF     Conditions, if only, which gave rise to immediate   DUE TO, OR AS A CONSEQUENCE OF     Conditions, if only, which gave rise to immediate   DUE TO, OR AS A CONSEQUENCE OF     Ling couse lost:   (c)     PART 2 OTHER 3 (SIGNIFICANT CONDITIONS (CONTENDUTING 10 DEATH BUT NOT RELATED 10 THE TERMINAL DISEASE OR CONDITION (CONTENDUTING 10 DEATH BUT NOT RELATED 10 THE TERMINAL DISEASE OR CONDITION (CONTENDUTING 10 DEATH BUT NOT RELATED 10 THE TERMINAL DISEASE OR CONDITION (CONTENDUTING 10 DEATH BUT NOT RELATED 10 THE TERMINAL DISEASE OR CONDITION (CONTENDUTING 10 DEATH BUT NOT RELATED 10 THE TERMINAL DISEASE OR CONDITION (CONTENDUTING 10 DEATH BUT NOT RELATED 10 THE TERMINAL DISEASE OR CONDITION (CONTENDUTING 10 DEATH BUT NOT RELATED 10 THE TERMINAL DISEASE OR CONDITION (CONTENDUTING 10 DEATH BUT NOT RELATED 10 THE TERMINAL DISEASE OR CONDITION (CONTENDUTING 10 DEATH BUT NOT RELATED 10 THE TERMINAL DISEASE OR CONDITION (CONTENDUTING 10 DEATH BUT NOT RELATED 10 THE TERMINAL DISEASE OR CONDITION (CONTENDUTING 10 DEATH BUT NOT RELATED 10 THE TERMINAL DISEASE OR CONDITION (CONTENDUTING 10 DEATH BUT NOT RELATED 10 THE TERMINAL DISEASE OR CONDITION (CONTENDUTING 10 DEATH BUT NOT RELATED 10 THE TERMINAL DISEASE OR CONDITION (CONTENDUTING 10 DEATH BUT NOT RELATED 10 THE TERMINAL DISEASE OR CONDITION (CONTENDUTING 10 DEATH BUT NOT RELATED 10 THE TERMINAL DISEASE OR CONDITION (CONTENDUTING 10 DEATH BUT NOT RELATED 10 THE TERMINAL DISEASE OR CONDITION (CONTENDUTING 10 DEATH BUT NOT RELATED 10 THE TERMINAL DISEASE OR CONDITION (CONTENDUTING 10 DEATH BUT NOT RELATED 10 THE TERMINAL DISEASE OR CONDITION (CONTENDUTING 10 DE			7	Ao.	NH	B	01,00		IVEL	2				Har	ice	
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19a. DATE OF OPERATION   19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?   210 AUTOPSY?   YES \( \overline{\text{V}} \) NO \( \overline{\text{V}} \)   21a. EXTERNAL CAUSE WAS UNDERLYING \( \overline{\text{SO}} \) OR CONTRIBUTING \( \overline{\text{CAUSE}} \) OR COUNTY \( \overline{\text{CAUSE}} \) OR CONTRIBUTING \( \overline{\text{CAUSE}} \) OR COUNTY \( \overline{\text{CAUSE}} \) OR CONTRIBUTING \( \overline{\text{CAUSE}} \) OR COUNTY \( \overline{\text{CAUSE}} \) OR OR COUNTY \( \tex																
AT WORK AT WORK Street Rt.#4 Brooms Island Road Calvert Co., Maryl  22a. I certify that I took charge of the remains described above, held on death resulted from: Notural causes Accident XX, Suicide Homicide Undetermined monner Accident XX, Suicide Homicide Undetermined Monney Accident XX, Suici		z	PART 2 OTNER SIGN	FICANT CONDITIONS C	ONTRIBUTING TO	O OFATH BUT NOT RE	ELATED TO THE TERMI	NAL DISEASE OR CONDIT	ION GIVEN IN P	ART 1 (a).		77				-
AT WORK AT WORK Street Rt.#4 Brooms Island Road Calvert Co., Maryl  22a. I certify that I took charge of the remains described above, held on death resulted from: Notural causes Accident XX, Suicide Homicide Undetermined monner Accident XX, Suicide Homicide Undetermined Monney Accident XX, Suici		ATIC	190. DATE OF O	PERATION	19b. C	CONDITION FO	R WHICH OPER	ATION WAS PERFO	DRMED?					ZD AL	UTOPSY?	
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death resulted from: Notural causes , Accident XX, Suicide , Homicide , Undetermined monner ,  ACTUAL SIGNATURE			AT WORK	AT WORK	S	treet			Brooms	Isla	nd Ro	ad Ca	lver	t Co	., Ma	aryla
ACTUAL SIGNATURE (NO MASSISTANT MEDICAL EXAMINER SIGNED 1-13-80  EXAMINER'S NAME (TYPE OR PRINT) VIrginia L. Dolan M.D. ADDRESS 111 Penn Street  23a BURIAL CREMATION, REMOVAL 23b. DATE 23c, NAME OF CEMETERY OR CREMATORY CITY OR TOWN  24. FUNERAL DIRECTOR  25a. DATE REC'D. BY REGISTRAR 35 BRATURE  24. FUNERAL DIRECTOR			22a. I certify	that I took charge	of the remo	7		Autopsy X	Inspection	on .	Inquiry	☐, _ o₁	nd in my	opinian		
ACTUAL SIGNATURE SIGNATURE ACTUAL SIGNATURE SIGNATURE ACTUAL SIGNATURE SIGNA	1		death resulted	from: Noture	ol couses _	, Accider	nt XX, Sui			Undete	rmined mo	onner,				
EXAMINER'S NAME Virginia L. Dolan M.D. ADDRESS 111 Penn Street  23. BURCAF, CREMATION, REMOVAL 236. DATE 1236, NAME OF CEMETERY OR CREMATORY CITY OF TOWN  24. FUNERAL DIRECTOR  25. DATE REC'D. BY REGISTRAR 256 RE			ACTUAL	1)100	×	DMA.			'				DATI	Ε,.	10 00	
TYPE OR PRINT)   VII SIII L. DOLAT: M.D. ADDRESS   111   Penn Street	9		SIGNATURE	From	2 1	No con		M.DASS1	stant	MEDI	CAL EXAM	INER	SIGN	VED	13-80	
230. BURIAL, CREMATION, REMOVAL 236. DATE 236, NAME OF CEMETERY OF CREMATORY 236. LOCATION CITY OF TOWN CITY OF TOWN CITY OF TOWN COUNTY OF TOWN COUNTY OF TOWN COUNTY OF TOWN COUNTY OF TOWN CITY OF TOWN COUNTY OF TOW	200	100	EXAMINER'S NA	ME Virg	inia	L. Dolas	n M.D.	ADDRESS	111	Penn	Stre	et				
24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 350. REGISTRAR	_	23p.B.			b. DATE	1230							1 00	DUNTY	O AT	AT
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REGISTRAR	MEDICAL EXAMINER'S	CERTIFICATE OF DE	ATH RED. NO.	000
1. DECEASED NAME FIRST (TYPE OR PRINT)	WIDDLE	LAST	20. DATE KNOWN MO	NTH DAY YEAR 26. HOU
Char	les William	NDOORG	DEATH MATED	251950
3. SEX 4 RACE	5. DATE OF BIRTH 6. AGE (IN YEARS IF	RROOKS JNDER I YR. IF UNDER 24 HRS. NTHS DAYS HOURS MIN	2c. DATE MOP	ATH DAY YEAR 2d HOUR
Male Negro	April 8 1924   55 YRS.	NIES DATS HOURS MIN	DEAD January	25, 1980 5:254
70. BIRTHPLACE (STATE OR FOREIGN COUNTRY)		RRIED ANEVER MARRIED	9. BALTIMORE CITY OR CO	DUNTY OF DEATH
Maryland		WED DIVORCED	Calvert	M
10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME, OR O (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	FOR	UAL OCCUPATION (TYPE OF WI MOST OF WORKING LIFE)	OR INDUSTRY
Prince Frederick	Calvert Memorial Ho	spital Cu:	stodian Superv	rigor
STATE 136. COUNT	TY 13c. CITY OR TOWN		Box 693	
Maryland Cal	vert Chesapeake Be	15. MOTHER'S MAIDEN NAM		
FIRST	MIDDLE LAST Brooks	Bertha	MIDDLE	Pratt
Dory 160. WAS DECEASED EVER IN U.S. ARA	AED FORCES? 166. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS	
(YES, NO, OR UNKNOWN) (IF YES, GIVE )	VAR OR DATES) 213-22-0122	Helen Brooks	Box 693 Ches	sapeake Beach
18. CAUSE OF DEATH (Enter on	y one couse per line for (a), (b), and (c).)	4	1 11	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Canditions, if any, which gave rise to immediate couse (a) stating the <u>under-</u>	(b) ON Shugh	in Eupperl	usion.	
lying cause last.	(c)	0.		
	CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DIS	ASE OR CONDITION GIVEN IN PART 1 (a).		
190. DATE OF OPERATION 210. EXTERNAL CAUSE WAS	196. CONDITION FOR WHICH OPERATION	WAS PERFORMED?		20 AUTOPSY?
J. J.				YES NO
	HOUR A.M. MONTH DAY YEAR	HOW INJURY OCCURRED LENTER	R NATURE OF INJURY IN ITEM 18 PART 1	OR PART 2)
216. INJURY OCCURRED		LOCATION	CITY OR TOWN	COUNTY STATE
AT WORK AT WORK	]		0110711	3771
22a. I certify that I took charg	e of the remains described above, held an Au	opsy , Inspection ,	Inquiry , ond in r	my opinion
The second secon	ol causes : Accident , Suicide		etermined manner,	
	IN A. K.	TITLE (SPECIFY)		1/1-100
SIGNATURE EW	290x 11/18m	M.DME		IGNED / 2
EXAMINER'S NAME Timed	P Al Polana M D	Drings F	rederick, Mar	vland 20678
(THE OKTALL)	R. Al-Banna, M.D.	ADDRESS		y Land 20070
23a. BURIAL, CREMATION, REMOVAL 2 (SPECIFY)	Jan. 28-80 St. Edmonds		OCATION YORTOWN Lesapeake Beach	h Cal . Md .
Burial 24. FUNERAL DIRECTOR	Jan. 28-80 St. Edmonds		REGISTRIC ISB. REGISTRI	
	1 Box 31 Prince Freder	.ck, Md.	.500	

**DEPARTMENT OF HEALTH AND MENTAL HYGIENE** 

	1	FOR STATE REGISTRAR		DEPARTA		EALTH AND MENTAL HYG	IENE O REG. N	0 1	6 0	14
		CEASED NAME FIRST John	P	reston		ROWN	20 DATE OF DEATH  Janua		7, 1980	26. HOUR 1:00 A,
	3. SE	x Male	4 RACE	egro	July	DAY YEAR	6. AGE (IN YEARS LAST BIR		IF UNDER I YEAR	IF UNDER 24 HRS
35		RTHPLACE (STATE OR FOREIGN OUNTRY) Maryland	US		WIDOWE		9 BALTIMORE CITY C		OF DEATH	M
59	Pr	ince Frederick	Caive	CHECHNEMO'R!	al Ho	Spital	120 USUAL OCCUPAT ITYPE OF WORK FOR MOST Farmer			F BUSINESS OF
34		AL RESIDENCE (# NURSING HOME OF STATE 136 COL		13c. CITY OR TOW Huntingt		13d. INSIDE CITY LIMITS? YES NO 💽	13. STREET ADDRESS Box 98			
1)4	)		MDDLE Sley	last Brown		IS. MOTHER'S MAIDEN NA FIRST Maggie	WIDDLE		Odgen	
		NAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, GI	RMED FORCES? VE WAR OR DATES)	215-38-4		Angeline Boo	ome Prince			Id.
	NOI	couse (a), stating the underlying couse lost.  PART 2 OTHER SIGNIFICANT	CONDITIONS (		DEATH BUT					
9	CERTIFICATION	19a DATE OF OPERATION	196 CON	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	YES NO	INCERTIF	S, WERE FINDIN YING CAUSES S	OF DEATH?
9	MEDICAL CER	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF EITHER, NOTIFY MEDICAL EXAMINE	EATH HOUR A	OF INJURY A.M. MONTH D/ P.M.	YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	URY IN ITEM 18, P.	ART I OR PART 2)	
	MED	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK		E OF INJURY STREET, FACTORY, OFFICE, F	ARM, ETC)	211 LOCATION STREET	CITY OR TO	NWO	COUNTY	STATE
		12s.1 certify that (I) (this has saw the decreased alive a above, (I) (well dish) dishring 12th SIGNATURE	(at) view the bod	19.0			medical STA		r and from the c	
		224 PHYSICIAN'S NAME (TYPE				22e ADDRESS	Manual a	-1 20		
1		George J. V					own, Maryla	ind 20	0639	
		BURIAL, CREMATION, REMOVA SPECINY BUTIAL UNERAL DIRECTOR NAME				EMETERY OR CREMATORY	236. LOCATION CITY OR TOWN	ike Bea	county	

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STATE OF MARYLAND

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		FOR		DEPARTMENT OF	HEALTH	AND MENTAL HYGI	ENE			
		STATE REGISTRAR	MI	EDICAL EXAMI	NER'S C	ERTIFICATE OF D	EATH	RIG NO.	5 0 6	
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9 E 3 8 3	. SEX	4 RACE	5. DATE OF BIRTH	Alverta	FEARS IF UN			MONTH	DAY YEAR	2d. HC
Park & C	FE	MALE CAUCASI		1888 91	YRS.	HS DAYS HOURS MIN.	PRONOUNCE DEAD	Januar	v 26 8	
97.70	7a. B1	RTHPLACE (STATE OR		VHAT COUNTRY?	18		9. BALTIMOR	E CITY OR COUN		w o
S S S S S S S S S S S S S S S S S S S		REIGN COUNTRY) MARYLAND	ü	SA AE	WIDOW		Cal	ert		
Z v . >	0. CT	TY OR TOWN OF DEATH	II. NAME OF HO	SPITAL NURSING HOM	AF OR OTH	IER INSTITUTION 12a.	USUAL OCCUPAT	ION (TYPE OF WORK	12b. KIND OF BU	SINES
TO THE PAGE BE FILED	Pr	ince Freder	ick Cal	vert Memo	rial	Hospital	HOUSEWIF	LIFE)	OR INDUST	RY
00000	JSUA	L RESIDENCE (IF IN NURSING HOA	E OR OTHER INSTITUTION,	GIVE RESIDENCE BEFORE ADMIS	SIONI					
AND	30. S		VERT	PR. FRED		13d. INSIDE CITY LIMITS? 13e.	STREET ADDRESS	AD		
SH SH SH		THER'S NAME	A EMET	1000				NO .		
PW.		BUNNY	MIDDLE	WILLIAM	C	IS. MOTHER'S MAIDEN NA	MIDDL	E	GIBSON	
FTER DEATH. II E PAGES 1, 2, FORM PM 3. FORM PM 2 SI ON OF VITAL		AS DECEASED EVER IN U.S. A	PHED FORCES			17. INFORMANT		Doness		
H G S S	(YE	S. NO. OR UNKNOWN) (IF YES, G	VE WAR OR DATES)	16b. SOCIAL SECURI		and the second second			OX 98	
WITH WITH DIVISION		NO -		213-22-02	20	JOHN W. HOC	PER P	RINCE FRI	EDERTCK.	MD
18. W.		18. CAUSE OF DEATH (Enter PART I DEATH WAS CAUSE	only ane couse per lin	e for (o), (b), and (c).)	1	10	1		APPROXIMATE BETWEFN ONSET	INTERV
A W W W W W W W W W W W W W W W W W W W			IATE CAUSE (a)	terin	ches	elic Vos.	Olean.	300		
A AIC		7707		R AS A CONSEQUENCE	OF					
NSI NSI		Conditions, if any, whi								
LIA A NO.		gave rise to immedia couse (a) stating the unde		R AS A CONSEQUENCE	OF					
MEINED NE BENE		lying couse lost.	_   500,0	K AO A CONSEQUENCE	Or					
A A I B B UR		PART 2 OTHER SIGNIFICANT CONDITIO	NC CONTRIBUTING TO DEAT	U SUT NOT BELLATED TO THE TER	NAME OF TAXABLE PARTY.				1	
HOULD BE EXECUTED WITHIN 24 HOU PSENDING, IN PEROLL IN ITEM 18 HIEF MEDICAL EXAMINER ALONG VISED AS A BURIAL-TRANSIT PERMIT. OF HEALTH AND MENTAL HYGIENE, IS AL, CREMATION, OR REMOVAL.	z	TAKE 2 OTHER SIGNATIONAL CONDITIO	NS CONTRIBUTING TO DEAT	BOL MOL KETALED ID 1ME IEK	MINAL DISEASE	E DK CONDITION GIVEN IN PART 1 (0)	h.			
EAL SEN	CERTIFICATION	190. DATE OF OPERATION	Ital COND	ITION FOR WHICH OPE	PATIONI W	AS DEDECORATED?			Tee	
Untak:	ICA	The Date of Orekanor	148. COI4D	IIION FOR WHICH OFE	KATION W.	AS PERFORMED?			20. AUTOPSY?	
SE CENTRAL SE	RTIE	210. EXTERNAL CAUSE WAS	011 71115	S. Davids					YES 🗌	NO.
THE WENT BENEVILLE BENEVIL		UNDERLYING OR	21b. TIME C	M. MONTH DAY YEA	AR 21c. HC	OW INJURY OCCURRED LEN	TER NATURE OF INJURY	IN ITEM 18 PART 1 OR PA	RT2)	
CERTIFICATE SHC ITING THE WORD DED TO THE CH S 3 SHOULD BE U EDEPARTMENT OF PRIOR TO BURIAL,	MEDICAL	CONTRIBUTING CAUSE C								
A S S S S S S S S S S S S S S S S S S S	AED	21d. INJURY OCCURRED	STREET FA	OF INJURY (AT HOME, CTORY, FARM, ETC.)		CATION	CITY OR TOWN		UNTY	ST.
E, WRITING E, WRITING RWARDED PAGE 3 S STATE DEP 21201 PRIO	2	WHILE NOT WHILE AT WORK		21011,771011,210.7			CITORTOWN	CO	ONTT	311
R: THIS C TE, WRIT DRWARD I: PAGE STATE ( 21201 P			and the second							
EXAMINER: CERTIFICATE JID BE FOR DIRECTOR: WITH THE S ARYLAND, 2		220. I certify that I took cho	D		Autops		I, Inquiry	, and in my op	oinion	
LAY LAY		death resulted from that	urol couses .	Accident L., S	vicide	, Homicide L. Un	ndetermined manne	r L.	1 /	2
ARY WILD ARY		ACTUAL X	1 1)	00 -		TITLE (SPECIEY)		20.000	1/01/1	20)
HE HOLL		SIGNATURE		l-v	M.	D. Stal A	MEDICAL EXAMINE	R SIGNE	D /026/1	0
DIC TIE T NER OFA		EXAMINER'S NAME							/ /	
TO MEDICAL EXAMINER: EXECUTE THE CERTIFICATE PAGE 4 SHOULD BE FOR TO FUNERAL DIRECTOR: AFTER DEATH, WITH THE S BATIMORE, MARYLAND, 2		(TYPE OR PRINT) Ge	orge J.	Weems		ADDRESS Hunti	ngtown,	Maryla	and 20	639
5 4 5 5 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	30.BL	IRIAL, CREMATION, REMOVAL	23b. DATE	23c. NAME OF CE	METERY OF	R CREMATORY 1236	LOCATION	601	NEW	all or Block
BP	(5)	BURIAL	JAN 29 1	980 CENTRA	L METE	H. CEMETERY	BARSTOW	CAT		MD.
		INERAL DIRECTOR						25b. REGISTRAR'S	SIGNATURE	
VR A15 ME (5))	D	NAME DODGE	ADDRES		TO N	m dans	9 0 1000	Links	y Mc Cres	de
30M 7/73	יע	ONALD V. BORGW	ARUT	PORT REPUBI	IC, M	D. JAN	3 0 1980	Jarjar	7//	7

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120 L/T						

Berry Huntingtown . Md. 20639

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DHMH-16 25M

(VRA 15, 4) 1/79

FOR

REGISTRAR I. DECEASED NAME

John

1136 COUNTY

CALVERT

MIDDLE

W.

I (IF YES, GIVE WAR OR DATES)

4 RACE

CAUCASIAN

USA

- STATE

I TYPE OR PRINT)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

> 5 DATE OF BIRTH MONTH

AUG

11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION

Calvert Memorial Hospital

WIDOWEDF

HUTCHINS, SR.

YEAR

1910

DIVORCED [

LORETTA

DAY

MARRIED NEVER MARRIED

NO [

STATE

STATE

MD.

COUNTY

COUNTY

CALVERT

Cal	Lvert				ME
9 BALTIMORE CITY	OR COUN	TY OF DE	ATH		
69	YRS	MONTHS	CIAYS	HOURS	MIN
& AGE (IN YEARS LAST BI	RTHDAY		R 1 YEAR	IF UNDER	24 HR5
January	16,	1980		8:30	) A.
28 DATE OF DEATH	MONTH	DAY	YEAR	2b. HOL	IR

12s USUAL OCCUPATION 12b. KIND OF BUSINESS OF TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY TOBACCO F'ARMER

13. STREET ADDRESS 134. INSIDE CITY LIMITS? NO 🕅 ADELINA ROAD

15 MOTHER'S MAIDEN NAME FIRST

MIDDLE

CITY OR TOWN

BARSTOW

LAST HALL

17 INFORMANT FRED. MD. 20678

PART I DEATH WAS CAUSED	y ane cause per line for (a), (b), and (c).	BETWEEN ONSET AND DEAT
	CAUSE 10) Orleroschole la Mon	
4409	DUE TO, OR AS A CONSEQUENCE OF	
Canditians, if any, which	( 1b)	
cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUENCE OF	
	(c)	

DAY

206. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH?

NO) YES [ 216 TIME OF INJURY 216 HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 21 YEAR

(IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21e PLACE OF INJURY 21f LOCATION 214 INJURY OCCURRED AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

HOUR A.M. MONTH

MIDDLE

7h CITIZEN OF WHAT COUNTRY?

Kenneth

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

13c CITY OR TOWN

PR. FRED.

LAST

HUTCHINS

166 SOCIAL SECURITY NO

220.1 certify that (1) (this hospital) attended the deceased from January 10 80 January 80 and that in (my) (e) Opinian death occurred on the date and have and from the causes stated

above (1) (west did) (did not view the bady after death DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF Jan. 16, 1980

PHYSICIAN P DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME /TYPE OR PRINTI 22e ADDRESS

20639 George J. Weems, M.D. Huntingtown, Maryland

23a BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION JAN 18 1980

25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DOMALD V. BORGWARDT PORIPORE PUBLIC. MD.

ASBURY METH. CEM.

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tery dington Virginia	n ill d.	020 0010	1 1 Januar 201	

			STATE OF MARYLAND		
	FOR - STATE REGISTRAR	DEPAR	TMENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH	8 0 0	1611
1	DECEASED NAME FIRST	MIDDLE	LAST	REG. NO.	H DAY YEAR 25 HOUR
7	YPE OR PRINT) Rose	Frances	LUMPKIN	January 30.	
3	SEX	4 RACE	5 DATE OF BIRTH	6. AGE IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF UNDER 24 HRS
1	Fam le	Courc	MONTH DAY YEAR	50	MONTHS DAYS HOURS MIN.
70	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	?	1 BALTIMORE CITY OR CO	
183	(QUNTRY) 9190	USA	MARRIED NEVER MARRIED WIDOWED DIVORCED	Calvert	M
- 10	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS	ING HOME OR OTHER INSTITUTION	128 USUAL OCCUPATION	126. KIND OF BUSINESS OF
	rince Frederick	Calvert Memori	al Hospital	houseu	enon loke
F		E OR OTHER INSTITUTION, GIVE RESIDENCE BEFO		13. STREET ADDRESS	
14	FATHER'S NAME	1	15 MOTHER'S MAIDEN NA		1
40	Raynor	Middle SIA	e Maggi	MIDDLE	Shi fflight
1 16	WAS DECEASED EVER IN U.S.	ARMED FORCES? 166 SOCIAL SEG	CURITY NO 17 INFORMANT	ADDRESS	Smence.
1	NO	216804	1894 COLLOI	Photogram	413
	18 CAUSE OF DEATH (Enter PART I. DEATH WAS CA	r only one couse per line for (a), (b), o	and (c),(		BETWEEN ONSET AND DEATH
		DIATE CAUSE 10) Gardi	aganie Shoel	<u> </u>	2 homs.
	410-	DUE TO, OR AS A CONSEO	UENCE OF	^	
	Conditions, if any, which gove rise to immediate		ble Houle M	yocardial	
	couse (o), stoting the		UENCE OF	0	
	underlying couse lost	1 (c) Infa	rclion		
		T CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITIO	N GIVEN IN PART 1101
2	Diabele	s Mellila		nsion	
7	190 DATE OF OPERATION	196 CONDITION FOR WHIC	HOPERATION WAS PERFORMED	20a AUTOPSY? 20b.	IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH?
$\simeq$				YES NO	YES NO
	OR CONTRACTOR CONTRACTOR	LIGHT ALL MARKET		RED JENTER NATURE OF INJURY IN IT	(M 18, PART I OR PART 2)
/   3	I IF EITHER, NOTIFY MEDICAL EXAMI	NER) P.M.	19		
	214 INJURY OCCURRED	210. PLACE OF INJURY LAT HOME, STREET, FACTORY, OFFICE	E, FARM, ETC.) 211 LOCATION STREET	CITY OF TOWN	COUNTY STATE
- [ ]	AT WORK AT WORK				
	22a I certify that (I) (this he	ospital) attended the deceased from		2, 10 1 3.0	, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,
	sow the deceased alive above, (I) (we) (did) (did	on	ond that in (my) (our) opinion	death occurred on the date on	nd hour and from the causes stated
- 10	22b. SIGNATURE		DEGREE		220 DATE SIGNED
	ATI	Nunsh	ATTENDING PHYSICIAN ]	MEDICAL STAFF DIRECTOR PHYSICIAN	Jan. 30,1980
1	228. PHYSICIAN'S NAME (TY	PE OR PRINT)	22e ADDRESS	9112011	
1	Anwar Munshi	, M.D.	Prince Fred	erick, Marylan	d 20678
23	BURIAL, CREMATION, REMOV	/AL 236. DATE 236	NAME OF CEMETERY OR CREMATORY	23d. LOCATION	_COUNTY STATE
-	Burial	Feb 180 3	buthern Morn Gard	29 DUNKING	· Cal Ma
M 24	FUNERAL DIRECTOR	ADDRESS \	250. DA	TE REC'D. BY REGISTRAR 256. R	EGISTRAR'S SIGNATURE
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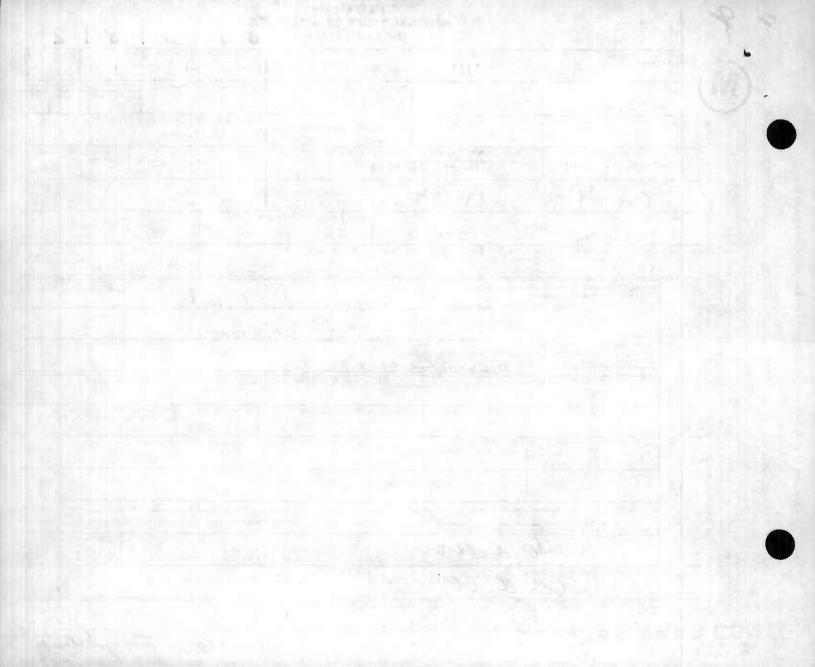
DHMH-16 25M (VRA 15, 4) 1/79

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the medical

## STATE OF MARYLAND

DEPARTMENT OF MEALTH AND MENTAL HYCIENE

1.	STATE REGISTRAR	DEI ARIN	CERTIF	ICATE OF DEATH	8 0 REG. NO	0 1	6 1	2
	CEASED NAME FIRST	MIDDLE		IAST	20 DATE OF DEATH	MONTH DAY	YEAR	26. HOUR A
1100	losa	Phillip	M	ATTHEWS	January	2	1980	5:56 M
1: SE		4 RACE	S. DATE C	OF BIRTH	& AGE JIN YEARS LAST BIRT		UNDER I YEAR	IF UNDER 24 HRS
1	nale	caus	NOOT		63	YRS.	THS DAYS	HOURS MIN
	RTHPLACE (STATE OR FOREIGN	16 CITIZEN OF WHAT COUNTRY?	MARRIE	7.	9 BALTIMORE CITY O	R COUNTY OF	DEATH	
W	Scol D.C	024	WIDOWE		Calve	rt		MD
10 C		11. NAME OF HOSPITAL, NURSING		OR OTHER INSTITUTION	12e USUAL OCCUPATE		12b. KIND C	OF BUSINESS OR
Pr	ince Frederick	Calvert	noria	1	Insulation	Enstale	Ind	ulation
13a	NO COU	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE INTY		134 INSIDE CITY LIMITS?	130. STREET ADDRESS	SH B	0x40	62.
14 64	Ollian	PARDOLE Matthe	cw	15. MOTHER'S MAIDEN NA	WE	Ryc	all in	57
	VAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN]   INFYES, GR	RMED FORCES? 166 SOCIAL SECUIVE WAR OR DATES) 578 -6	RITY NO.	17 INFORMANT A Jean et	teJ Mat	ss thew:	2 \$	Smers
		inly ane cause per line far (a), (b), and	licu)		4 2 1		BETWEEN	MATE INTERVAL ONSET AND DEATH
	PART I. DEATH WAS CAUS	ATE CAUSE (0) acute	m	uncarde	al wh.			
	2500	DUE TO, OR AS A CONSEQUE	NCE OF	0	U			
	Canditians, if any, which	( 16) Corde	08	eric el	wek.			
	gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQUE	NCE OF					
	underlying cause last	10 chilabe	te	J.			1977	- 200
Z C	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CON	OITION GIVEN	IN PART 1	a ·
CERTIFICATION	1% DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	70e AUTOPSY?	200. IF YES, W		
IFIC					YES NOT	IN CERTIFYIN	_	OF DEATH?
ERT	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		21c HOW INJURY OCCUR				
	OR CONTRIBUTING CAUSE OF DE		Y YEAR		100			
MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE	210 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA	ARM, ETC ]	21f LOCATION STREET	CITY OR TOW	'N	COUNTY	STATE
	AT WORK AT WORK	pital) attended the deceased from_	*	19.		19.		that (I) (we) last
	saw the deceased alive a	n19		nd that in (my) (our) apinian				
	obave, (I) (we) (did) (did n	ot) view the bady after death.		DEGREE			177c DATE	SIGNED
	K.	fesaur		ATTENDING PHYSICIAN [	MEDICAL STAF		1-3-	1980
	22d. PHYSICIAN'S NAME ITYE	L'ALLECTION, N	1.D.	22. ADDRESS Huntin	ngtown, Mary	land		
	BURIAL, CREMATION, REMOVA	L 236 DATE 23c N	AME OF C	EMETERY OR CREMATORY	23d LOCATION .	1 10	TINU	ON STATE
7	Dance	Jan 5 1980 50	offer	n MemoralGa	dano Dintin	1c (	01	IIId
24. F	UNERAL DIRECTOR	Here was a second of the		25e. DA1	TE REC'D. BY REGISTRAR	756. REGISTRA	P'S SIGNA	TURE



STATE OF MARYLAND

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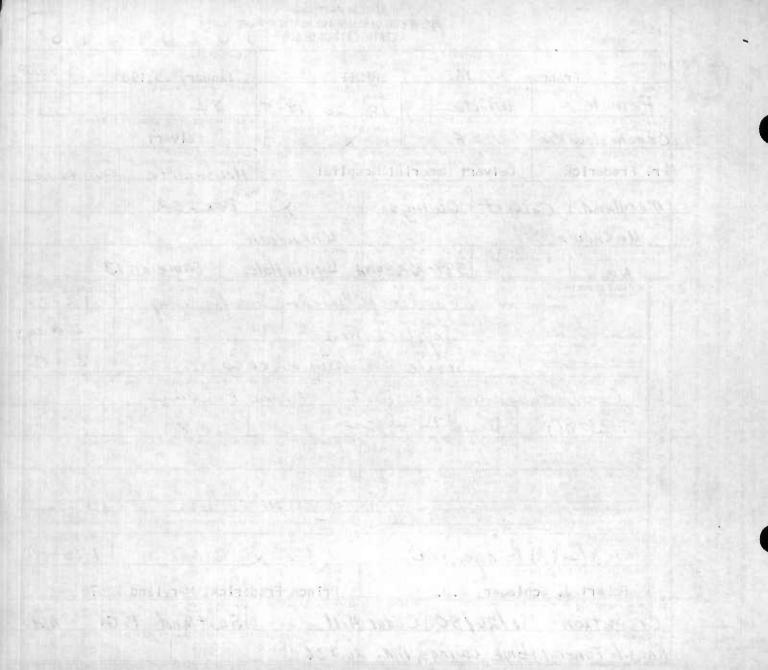
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	1-	FOR STATE REGISTRAR		DEPARTN	AENT OF H	OF MARYLAND EALTH AND MENTAL HYG CATE OF DEATH	IENE 8 0 REG. NO	0 1	6 1	5
		EASED NAME FI	WST	MIDDLE	LA	ŠT	26. DATE OF DEATH		AY YEAR	26 HOUR
			George	William		CAGGS	January 1			11:10/
	3. SE	Male	4 RACE Whit	Э	MASSE O	f Birth h 7, DAY 1907 EAR	4. AGE (IN YEARS LAST BIRT		FUNDER 1 YEAR	HOURS MIN
7		RTHPLACE (STATE OR FOREIGN		F WHAT COUNTRY?	MARRIED WIDOWE	NEVER MARRIED	9. BALTIMORE CITY O		OF DEATH	٨
9	Pr	ivortown of DEATH	ick Cal	vert Memor	ial H	ospital	Or Mecha	ON F WORKING LIFE) NIC	IZE KIND OF	epair
-	Ma		NOME OR OTHER INSTITUTION OF THE PROPERTY OF T	N, GIVE RESIDENCE BEFORE UNITY OR TOWN		150	130 STREET ADDRESS LM			
0		ther s name George W. S.	Scaggs	LAST		15. MOTHER'S MAIDEN NAM Carrie Norto		9	LAST	
	16a W	(AS DECEASED EVER IN L	U.S. ARMED FORCES? YES, GIVE WAR OR DATES!	209079209		17 INFORMANT Donald Scagg	ADDRE S Clinton	Md.		
	NO	underlying couse l	hich iate the last. (b)	OR AS A CONSEQUE	NCE OF	History NOT RELATED TO THE TERM	3		N IN PART 1(a	0 413
32	CERTIFICATION	196 DATE OF OPERATION	N 196. CON	DITION FOR WHICH	OPERATION	WAS PERFORMED	20a AUTOPSY?	IN CERTIFY	WERE FINDIN	GS USED OF DEATH?
Apparel 1							YES NO	152		140
9		214. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS	SE OF DEATH HOUR	OF INJURY A.M. MONTH DA P.M.	Y YEAR	21c. HOW INJURY OCCURR				КОП
9	MEDICAL CER	OR CONTRIBUTING CAUS	SE OF DEATH HOUR A	A.M. MONTH DA	19	21c. HOW INJURY OCCURR  21f LOCATION STREET		RY IN ITEM 18, PA		STATE
9		OR CONTRIBUTING CAUS (IF EITHER, NOTIFY MEDICAL EX 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK NOT WHILE 22d.1 certify that (1) (Him	SE OF DEATH HOUR (AMINER)  21e PLAC (AT HOME, STANDARD)  75 hospital) oftended	A.M. MONTH DA P.M. E OF INJURY STREET, FACTORY, OFFICE, FI	ARM, ETC.]	21f LOCATION	ED (ENTER NATURE OF INJUI CITY OR TOV	VN	COUNTY	STATE
9		OR CONTRIBUTING CAUS (#EITHER, NOTIFY MEDICAL EX 21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK  22e. I certify that (I) (this saw the deceased a above, \$\frac{1}{2}\text{L}(we) (did)  22b. SIGNATURE	SE OF DEATH HOUR (AMINER)  21e PLAC (AT HOME.) (A HOME.) (ald ast view the both	A.M. MONTH DA P.M. E OF INJURY STREET, FACTORY, OFFICE, FI	ARM, ETC.)	21f LOCATION STREET  1 19 50 d that in (my) (out) opinion of the control of the c	ED (ENTER NATURE OF INJUI CITY OR TOV	YN	COUNTY	STATE that (I) (we) la
9	MEDICAL	OR CONTRIBUTING CAUS  (# EITHER, NOTEY MEDICAL EX 21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK AT WORK  22d. I certify that (I) (this sow the deceased a obove, pt (we) (did)  22b. SIGNATURE  22d. PHYSICIAN'S NAME	SEOF DEATH HOUR  CAMINER)  21e PLAC (AT HOME.:  Charles of tended plive an (Add nost) view the bot  (TYPE OR PRINT)  Sterner,	A.M. MONTH DAP.M. E OF INJURY TIREET, FACTORY, OFFICE, F. The deceosed from Ty offer death.	ARM, ETC.)	21f LOCATION STREET  19 80 d that in (my) (600) opinion of	CITY OR TOV  CITY OR TOV  The state of the document of the doc	YN	COUNTY  and fram the	state that (I) (we) la causes stated

OHMH-16 25M RAUSCH FUNERAL HOME OWINGS Md. JAN 2 3 1980

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2							STATE OF	MARYLAND					
0			1	FOR STATE		DEPART	MENT OF HEAL	TH AND MENTA	L HYGIENE				
			1	REGISTRAR			CERTIFICA	ATE OF DEATH	8	O REG. NO	)	0 1	6
	-		1. DE	CEASED NAME FIRS	ī	MIDDLE	LAST		20 D			AY YEAR	2b. HOUR
	75		(TYPE	OR PRINT)		04	46 1-15						5:00P <sub>M</sub>
76	\$4V	Liber		Fran		M.	SHROF				25, 198		
Ĕ	- Bear	1	3. \$E		4 RACE		5. DATE OF BI	IRTH DAY YEAR		E (IN YEARS LAST BIRTH	_	IF UNDER I YEAR	
90	edir.	330	1	-emale_	Whi	te	10	20 189	95	84	YRS.		
9	Po di	· ~	,7a. B	RTHPLACE STATE OF FOREIGN	76 CITIZEN OF	WHAT COUNTRY	? 8		9 BA	LTIMORE CITY O	COUNTY	OF DEATH	
oth	72	5/		cecho slova Ki	a 11.5	A.	WIDOWED	NEVER MARRIED		Calve	ert		
9	in in	0		TY OR TOWN OF DEATH		HOSPITAL NURSI		THER INSTITUTION	-	SUAL OCCUPATION		12h KIND (	OF BUSINESS OR
- offe	d b	in G		. Frederick	(IF NOT IN SUC	CH FACILITY, GIVE STREE	T ADDRESS)		(TYPE	OF WORK FOR MOST OF		INDUSTRY	
201	file	\$ <u>1</u> /				rt Memor		Ітаі	$\mathcal{H}$	cusewi	te	own	home
21 hou	ld be	25	130	AL RESIDENCE (IF NURSING HOSTATE 136 C	OME OR OTHER INSTITUTION	13c. CITY OR TOV		. INSIDE CITY LIMI	TS? 13e S	TREET ADDRESS			
N 24	eule oule	引り	n	anland 1	relyert	Ourin	,	ES NO	4	Box 28	2		
Y YE	d 2 sh	ine	14. F/	THER'S NAME				MOTHER'S MAIDE				13.22	
A B	nd	E		11 in Kunzelle	WIDDIE	LAST		FIRST		WIDDLE		LA	ST
¥, 5	6 - (	0	IAn A	VAS DECEASED EVER IN U.	A DAAED EODCESS	166 SOCIAL SEC	LIBITY NO. 17	INFORMANT	CUN	ADDRE	2.2		
O S	ges	dic			S, GIVE WAR OR DATES	166 SOCIAL SEC	URIT NO. 17	INFORMANI	.//				
E E	Po Po	Ĕ /		No		519-26	-6943H	Lydia	Hale	Sam	e 45	13	
BALTIMO	sicio al.	Ť,	100	18 CAUSE OF DEATH (Ent	er only one couse per	line for (a), (b), a	nd (c).	^				APPRO)	XIMATE INTERVAL
J. J	phy od n	ven ven	100	PART I. DEATH WAS CA	AUSED BY: EDIATE CAUSE (0)	Casel	IN-Put	menany	Tus	Mirion	e		2 hrs.
S Z	rbo r	e u		17 1. 17 A			400		1	11	7	1	
PRESTON he death of	o, o	mor		1010		R AS A CONSEOL					1	7	2 Dans
de es	aft	100		Conditions, if ony, which		Jego 7	cein	La				-	- coays
the the	the rem	Je.		couse (o), stating th	DUE TO, O	RAS A CONSEQU	JENCE OF	0-A	0			-	
hot to	by sose	01		underlying couse los	<u>t.</u>	Severe	decer	biles u	cer	0		1	-mos.
20	ple ple	Ď,	-30	PART 2. OTHER SIGNIFICA	ANT CONDITIONS C	ONTRIBUTING TO	DEATH BUT NO	T RELATED TO THE	TERMINALD	ISEASE OR SONE	ITION GIVE	N IN PART 1	(0)
DS	Sig Then to b	2	NO	Cosolas	21/2000	ar Ar	e - lant	. 15	wa 1	En Cue			
RECORD low requ	Tio.	<u></u>	AT	19a DATE OF OPERATION	19b. COND	ITION FOR WHICH	H OPERATION W	AS PERFORMED	200	AUTOPSY?	20h. IF YES.	WERE FINDI	NGS LISED
	hos b perm	Ci	CERTIFICATION	1-73-81	Do	- C-tra	ulcon				IN CERTIFY	ING CAUSES	S OF DEATH?
The		Supplier	RT	100	ge					S NO	YES	t-a-d	NO 🗌
F VIT	SOT	200		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE		W. WONTH D	DAY YEAR	c. HOW INJURY O	CCURRED (E	NTER NATURE OF INJUR	Y IN ITEM 18, PA	RT I OR PART 2]	
N OF	ertifical-trial	Item	S A	(IF EITHER, NOTIFY MEDICAL EXAM		M.	19						
DIVISION OF VIT	buria Ment	0	MEDICAL	21d. INJURY OCCURRED	21e. PLACE			LOCATION STREET		4		- aloons	
VISI	the the	ked	2	WHILE AT WORK	[AT HOME, ST	REET, FACTORY, OFFICE.	FARM, ETC.)	21KEE1		CITY OR TOW	N	COUNTY	STATE
NION NION	Aft	nor				- 4		19 10	20 "	1-25		9 80	
Z -	He He	1 5 1		22a. I certify that—(i) (this sow the deceased aliv	1 3 6		80 and th		, 10				, that <del>(th. (we)</del> lost
R ATTEN	of to	7 4		obove, + (we) (did) (d		ofter death.	, and th	not in (my) (our) op	oinion deoth c	occurred on the do	te ond hour	ond from the	couses stated
C - C		He		226. SIGNATURE	11111		DEG					22c. DATE	SIGNED
TAL O	AL Cleto	-		Kolver	Achilna	es mo		ATTENDI PHYSICI		CTOR PHYSIC		1-2	5-80
a -	Sto d	Z		22d. PHYSICIAN'S NAME	YPE OR PRINT)		220	e ADDRESS					
105	the the	E		D. L L. L	0 1 1	11 D			_			00 6 70	
O HOS	TO FUNERAL should be deto	MPOKIAN		Robert J.						ick, Man	/ land	206/8	
			230. [	SURIAL, CREMATION, REMO	OVAL 236. DATE	23c.	NAME OF CEME	TERY OR CREMAT	ORY 23d	LOCATION CITY OR TOWN		COUNTY	STATE
В	P	-	C	remation	1/26	180 C	edar H	ill		witland	& P.	Gin	and.
DHMH-	- 16 50M 7/77	7	24. F	JNERAL DIRECTOR		ADDRESS		250	o. DATE REC'E	D. BY REGISTRAR	Sb. REGISTR	AR'S SIGNA	TURE
(VR	A 15 (4))		R	usch Funera	1 Homo	owings.	Md. 21	7836	-EB1	1980	per la	no 1980.13	reachy
			116	- Commenter	110.110	0 1119 21	in the Mu	C. 4.					6



24 FUNERAL DIRECTOR

**DHMH-16 25M** (VRA 15, 4) 1/79

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. 28 DATE OF DEATH Victoria SMITH 10 1980 6:05 January AGE UN YEARS LAST BRITIDAY) IF UNDER 1 YEAR IF UNDER 24 HRS 5 DATE OF BIRTH MONTH 98 Negro **BALTIMORE CITY OR COUNTY OF DEATH** 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Calvert WIDOWEDD DIVORCED [ 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Calvert Memorial Hospital House wife USUAL RESIDENCE LIF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13c CITY OR TOWN 134 INSIDE CITY LIMITS? 13e STREET ADDRESS Owings YES T NO DE 15. MOTHER'S MAIDEN NAME LAST FIRST MIDDLE Evelvn Booth Gross 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT LIF YES, GIVE WAR OR DATES) Roberta Wills Upper Marlboro, Md. APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for you, (b), and ic. IMMEDIATE CAUSE IO CONSEQUENCE OF A CONSEQUENCE OF DUE TO, OR PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 206. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES [ NO | 216 TIME OF INJURY 21t HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TB. PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR 19 P.M 211 LOCATION 21e PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 220 1 certify that (1) (this haspital) attended the deceased fram. saw the deceased alive an above. (I)(we) (did) (did nat) view the body after death. ond that in (my) (aur) apinian death occurred an the date and have and from the causes stated DEGREE 22c DATE SIGNED MEDICAL ATTENDING STAFF 1-10-80 PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS Page C. Jett, M.D. Prince Frederick, Maryland 20678 23c NAME OF CEMETERY OR SPENIAR ONEX. 23d LOCATION St. Edmonds Church Chesapeake 14/80 Beach, Cal. Burial

Berry Huntingtown, Md. 20639

250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE

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